Alabama Medicaid ANSI ASC X12N HIPAA Companion Guide for 5010

Standard Companion Guide Communications/Connectivity Information

Instructions related to Transactions based on ASC X12 Implementation Guides, CORE version 005010
Companion Guide Version Number: 1.5.1
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http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.3_Companion_Guides.aspx

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PREFACE

This Companion Guide to the v5010 ASC X12N Implementation Guides and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronically with Acme Health Plan. Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

Companion Guides (CG) may contain two types of data, instructions for electronic communications with the publishing entity (Communications/Connectivity Instructions) and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 IG (Transaction Instructions). Either the Communications/Connectivity component or the Transaction Instruction component must be included in every CG. The components may be published as separate documents or as a single document.

The Communications/Connectivity component is included in the CG when the publishing entity wants to convey the information needed to commence and maintain communication exchange.
The Transaction Instruction component is included in the CG when the publishing entity wants to clarify the IG instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by ASCX12's copyrights and Fair Use statement.

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1 INTRODUCTION

1.1 PURPOSE

The intended purpose of this document is to provide information such as registration, testing, support and specific transaction requirements to electronic data interchange (EDI) trading partners that exchange X12 information with the Alabama Medicaid Agency.

An EDI trading partner is defined by Alabama Medicaid as anybody such as a provider, software vendor and clearinghouse that exchanges transactions adopted under the Healthcare Portability and Accountability Act of 1996 (HIPAA).

1.2 OVERVIEW

This document contains information to initiate and maintain data exchange with Alabama Medicaid. The information within the document is organized in the following sections:

Getting Started

This section includes information related to contact information and hours, trading partner registration and testing requirements.

Testing and Certification Requirements

This section includes detailed transaction testing information as well as certification requirements needed to complete transaction testing with Medicaid.

Connectivity/Communications

This section includes information on Medicaid's transmission procedures as well as communication and security protocols.

Contact Information

This section includes EDI customer service and technical assistance, provider services and applicable Websites.

Control Segments/Envelopes

This section contains information needed to create the ISA/IEA, GS/GE and ST/SE control segments for transactions in conjunction with the requirements outlined in the implementation guide.

Acknowledgments and Reports

This section contains information on all transaction acknowledgments sent by Medicaid and any applicable report inventory.

Included ASC X12N Implementation guides

This section list the applicable implementation guide referenced throughout the document.

Instruction Tables

This section list trading partner specific information directly related to loops, segments and data elements to be used in conjunction with the implementation guide.

Additional Information

This section will list payer specific business scenarios and scenario examples if applicable for this transaction.

Change Summary

This section describes the differences between the current Companion Guide and the previous Companion Guide.

1.3 REFERENCES

Implementation Guides for all X12 transaction sets can be purchased from the publisher, Washington Publishing Company, at their website www.wpc-edi.com.

1.4 INTENDED USE

The following information is intended to serve only as a companion document to the HIPAA ASC X12N implementation guides. The instruction tables contain trading partner specific requirements for processing EDI data in the Alabama Medicaid Information System (AMMIS). The use of this document is solely for the purpose of clarification. This document supplements, but does not contradict any requirements in the ASC X12N implementation guides.

2 GETTING STARTED

2.1 WORKING TOGETHER

Alabama Medicaid in an effort to assist the community with their electronic data exchange needs have the following options available for either contacting a help desk or referencing a website for further assistance.

Alabama Medicaid Website: http://www.medicaid.alabama.gov/

EMC (EDI) Help desk
Monday – Friday
7:00 a.m. – 8:00 p.m. CST
Saturday
9:00 a.m. – 5:00 p.m. CST

(800) 456-1242 – AL, FL, GA, MS and TN
(334) 215-0111 – All other locations
Fax: (334) 215 – 4272
Email: AlabamaSystemsEMC@hp.com

2.2 TRADING PARTNER REGISTRATION

An EDI Trading Partner is any entity (provider, billing service, clearinghouse, software vendor, etc.) that transmits electronic data to and receives electronic data from another entity. Alabama Medicaid requires all trading partners to complete EDI registration regardless of the trading partner type as defined below. Contact the EMC Helpdesk to register.

- ***Trading Partner*** is an entity engaged in the exchange or transmission of electronic transactions.
- ***Vendor*** is an entity that provides hardware, software and/or ongoing technical support for covered entities. In EDI, a vendor can be classified as a software vendor, billing or network service vendor or clearinghouse.
- ***Software Vendor*** is an entity that creates software used by billing services, clearinghouses and providers/suppliers to conduct the exchange of electronic transactions.
- ***Billing Service*** is a third party that prepares and/or submits claims for a provider.
- ***Clearinghouse*** is a third party that submits and/or exchanges electronic transactions on behalf of a provider.

Vendors must fill out a data switch agreement. The Trading Partner Data Switch agreement form is located at:
http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.3_Companion_Guides.aspx

2.3 TRADING PARTNER TESTING AND CERTIFICATION

Alabama Medicaid requires that all newly registered Trading Partners complete basic transaction submission testing. Successful transaction submission and receipt of both valid responses and error responses is an indication that all systems involved can properly submit and receive transactions.

2.3.1 TRADING PARTNER ID

Once registration is completed the following ids will be created:

- Test Trading Partner ID
- Production Trading Partner ID

These IDs are exclusive to the environment submitted and will not be accepted if submitted incorrectly.

2.3.2 WEB USER ID

Each entity will be assigned a Personal Identification Number (PIN) that allows access to a secure web site. The secure web site allows for the uploading and downloading of electronic transactions. Separate PINs will be produced for Testing and Production.

- Web User Account Setup

The following steps outline the process for logging onto the secure testing and or production web portal.

Action	Response
Log on to the secure web site by selecting the **Secure Site** link. Testing: https://www.alabama-uat.com/ALPortal/ Production: https://www.medicaid.alabamaservices.org/ALPortal/	Login page displays.
Select **setup account** button.	Account setup panel displays.
Enter the **Login ID** (Trading Partner ID) and Personal Identification Number (PIN) that has been issued. Select **setup account** button.	Web User Profile panel displays.
Enter data in all required fields and select **submit**.	Account Setup information is saved and the Medicaid Home Page displays. *NOTE:* A Web Password must, at a minimum, include the following format: • 1 Lower and 1 Upper Case value • 1 numeric value • minimum of 8 bytes in length

2.3.3 USAGE INDICATOR

ISA15 of the HIPAA X12 transaction allows for the submission of either a T, to indicate testing or a P, to indicate production. The following process is defined for these usage indicators:

T – May be submitted into the test and production environments. However, only a compliance check will be performed. The electronic files submitted with a T will not be translated for further processing.

P – May be submitted into the test and production environments. A compliance check will be performed and the files will be translated for further processing (edit, audit, adjudication and response).

2.3.4 RESPONSE FILES

- Proprietary Batch Response File (BRF)

A BRF file is returned for each batch of claims submitted which communicates the results of pre-adjudication editing.

- Functional Acknowledgement (999)

The 999 will be returned for all files that have been successfully uploaded. This response is intended to convey HIPAA compliance errors.

- Interchange Acknowledgement (TA1)

The TA1 will be returned for all files that have been successfully uploaded. This response is intended to report the status of processing on a received interchange header and trailer.

2.3.5 SECURE WEB UPLOAD - TRACKING NUMBER

A tracking number will be assigned and returned on-line for each successful upload of an electronic file. This tracking number should be maintained if any questions should arise concerning the processing of the file. The following message will be returned:

"File was uploaded successfully. File tracking number is 0123456. Please make note of this number for future reference."

2.3.6 ERROR MESSAGES

If an electronic file fails to upload, an error message will be returned on-line.
The following messages will be returned:

- *Error occurred. Error Uploading File:*
- *Error occurred. Error Gathering information for Upload:*
- *The session has been timed out. Please try login again.*

2.3.7 SECURE WEBSITE DOWNLOAD – FILE RETENTION

All electronic files that have been made available for download will remain available on-line for download as follows:

7 Days	999, TA1, 271, 277, 278, BRF
30 Days	277U
90 Days	835, RA

After the allotted time frame has passed the files will be removed from the list and will no longer be available for download. This applies to both testing and production.

2.3.8 TESTING TRANSACTIONS

The following transaction types are available for testing:

- 270 Eligibility Request / 271 Eligibility Response
- 276 Claim Status Request / 277 Claim Status Response
- 278 Prior Authorization Request / 278 Prior Authorization Response
- 837D Dental Claim
- 837P Professional (HCFA) Claim
- 837I Institutional (UB) Claim
- 835 Electronic Remittance Advice
- 277U Unsolicited Claim Status
- NCPDP Pharmacy Transactions (B1, B2, E1)

Testing data such as provider ids and recipient ids will not be provided. Users should submit Recipient information and Provider information as done so for production as the test environment is continually updated with production information.
There is not a limit to the number of files that may be submitted. Users will be allowed to move to production once a successfully compliant transaction is received and the appropriate responses returned.

2.3.8.1 835 TESTING

If an 835 response is desired for claims submitted the trading partner submitting the test files needs to contact the EMC (EDI) Help Desk and provide a list of the provider ids to be tested as a link between the trading partner id and provider ids must be established for the return of this transaction.

2.4 PAYER SPECIFIC DOCUMENTATION

For additional information in regards to business processes related to eligibility, prior authorization and claims processing please review the Provider Manual located on the Alabama Medicaid Website.
http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.7_Manuals.aspx

For further information on specific Payer Prior Authorization Information please see the Alabama Medicaid website.
http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.9_Prior_Authorization.aspx

2.5 Testing Contact Information

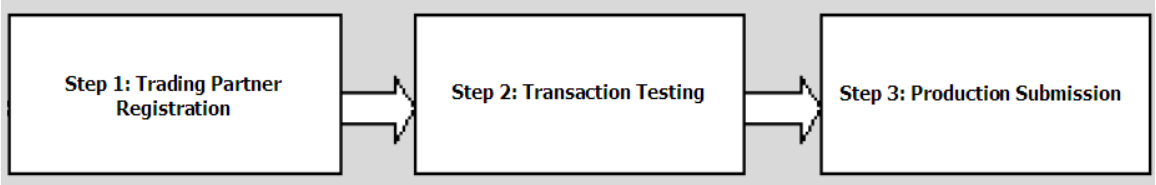
All correspondence for assistance with testing should be submitted to the following email address:
alabamaictesting@hp.com

The following table should be filled out and included in the email:

	Trading Partner Inquiry	**Alabama Medicaid Response**
Trading Partner ID		
Contact Name		
Contact Number		
File Tracking Number		
Question 1		
Question 2		
Question 3		
Question 4		
Question 5		

3 CONNECTIVITY/COMMUNICATIONS

3.1 PROCESS FLOWS



3.2 TRANSMISSION PROCEDURES

Availability

24 Hours/7 Days a week

Downtime Notification

Alabama Medicaid will notify the Trading Partners in the case of any planned downtime or unexpected downtime via email distribution.

Re-Transmission Procedures

Trading Partners may call Alabama Medicaid for assistance in researching problems with submitted transactions. Alabama Medicaid will not edit Trading Partner data and/or resubmit transactions for processing on behalf of a Trading Partner. The Trading Partner must correct any errors found and resubmit.

3.3 COMMUNICATION AND SECURITY PROTOCOLS

Vendors may find information regarding communication protocols in the Vendor Specifications Document. http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.3_Companion_Guides.aspx

3.4 PROTOCOLS FOR INTERACTIVE TRANSACTIONS

For account setup an IP and Port number will be assigned by the Local Area Network (LAN) team and 5 sockets will be allocated for the account.

Interactive X12 transactions to Alabama Medicaid should end immediately with an End of Transmission (EOT) character (Hex 04) and should NOT have any extra characters or nulls in the transmission before the ISA segment nor after the EOT.

Prior to submitting transactions into Production, a test transaction must be submitted to UAT. Once a successful response is received and the results meet expectations, send an email to AlabamaSystemEMC@hp.com indicating a successful UAT test has been performed and request that the assigned port in Production be opened.

4 CONTACT INFORMATION

4.1 EDI CUSTOMER SERVICE/TECHNICAL ASSISTANCE

Electronic Media Claims (EMC) Help desk:

Monday – Friday
8:00 a.m. – 8:00 p.m. CST
Saturday
9:00 a.m. – 5:00 p.m. CST

301 Technacenter Drive
Montgomery, AL 36117
Email: AlabamaSystemsEMC@hp.com
Fax: (334) 215 – 4272
Phone: (800) 456 – 1242 / (334) 215 – 0111

4.2 PROVIDER SERVICES

Provider Relations Department

The Provider Relations Department is composed of field representatives who are committed to assisting Alabama Medicaid providers in the submission of claims and the resolution of claims processing concerns.

Provider Assistance Center

The Provider Assistance Center communication specialists are available to respond to written and telephone inquiries from providers on billing questions and procedures, claim status, form orders, adjustments, use of the Automated Voice Response System (AVRS), electronic claims submission and remittance advice (EOPs).

Both Departments can be reached by calling:
(800) 688-7989 – AL, FL, GA, MS, TN
(334) 215-0111 – All other locations

5 CONTROL SEGMENTS/ENVELOPES

5.1 ISA/IEA

Segment	Name	Codes	Notes/Comments
ISA	Interchange Control Header		
ISA01	Authorization Information Qualifier	00	'00' – No Authorization Information Present
ISA02	Authorization Information		[space fill]
ISA03	Security Information Qualifier	00	'00' – No Security Information Present
ISA04	Security Information		[space fill]
ISA05	Interchange ID Qualifier	ZZ	'ZZ' – Mutually Defined
ISA06	Interchange Sender ID		Use the Trading Partner ID assigned by Alabama Medicaid followed by the appropriate number of spaces to meet the minimum/maximum data element requirement of 15 bytes.
ISA07	Interchange ID Qualifier	ZZ	"ZZ" for Mutually Defined
ISA08	Interchange Receiver ID	752548221	Populate with Alabama Medicaid's Trading Partner ID followed by the appropriate number of spaces to meet the minimum/maximum data element requirement of 15 bytes.
ISA11	Repetition Separator	^	^ (carat)
ISA12	Interchange Control Version Number	00501	'00501' – Control Version Number
ISA14	Acknowledgement Requested	0	'0' – No Acknowledgment Requested
ISA15	Usage Indicator	T, P	'T' – Test Data 'P' – Production Data
ISA16	Component Element Separator	:	':'
IEA	Interchange Control Trailer		
IEA01	Number of Included Functional Groups		Number of Functional Groups (GS/GE)
IEA02	Interchange Control Number		Must be identical to ISA13

5.2 GS/GE

Segment	Name	Codes	Notes/Comments
GS	Functional Group Header		
GS02	Application Sender's Code		Trading Partner ID assigned by Alabama Medicaid. Same value as ISA06.
GS03	Application Receiver's Code	752548221	Alabama's Trading Partner ID. Same as in ISA08.
GS08	Version / Release / Industry Identifier Code		Version/Release/Industry Identifier Code including the applicable Addenda.
GE	Functional Group Trailer		
GE01	Number of Transaction Sets Included		Number of Transaction Sets (ST/SE)
GE02	Group Control Number		Must be identical to GS06

5.3 ST/SE

Segment	Name	Codes	Notes/Comments
ST	Transaction Set Header		
ST02	Transaction Set Control Number		Increment by 1 when multiple transaction sets are included. Must be identical to SE02.
ST03	Implementation Convention Reference		This element contains the same value as GS08.
SE	Transaction Set Trailer		
SE01	Number of Included Segments		Number of Segments included within the ST/SE segments.
SE02	Transaction Set Control Number		Must be identical to ST02

6 ACKNOWLEDGEMENTS AND REPORTS

Proprietary Batch Response File (BRF)

A BRF file is returned for each batch of claims submitted which communicates the results of pre-adjudication editing.

Functional Acknowledgement (999)

The 999 will be returned for all files that have been successfully uploaded. This response is intended to convey HIPAA compliance errors.

Interchange Acknowledgement (TA1)

The TA1 will be returned for all files that have been successfully uploaded. This response is intended to report the status of processing on a received interchange header and trailer.

Health Care Claim Payment/Advice (835)

The Electronic Remittance Advice will be returned once a claims payment cycle has completed and will report all of the claims adjudicated to a paid or denied status. The claims payment cycle schedule can be found on the Alabama Medicaid website:
http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.2_Checkwrite_Schedules.aspx

Remittance Advice

The Paper Remittance Advice will be returned once a claims payment cycle has completed and will report all of the claims adjudicated to a paid, denied or suspended status. These paper remittance reports are available for download on the provider web portal..

Health Care Payer Unsolicited Claim Status (277U)

The Unsolicited Claim Status transaction is returned once a claims payment cycle has completed and will report all of the claims adjudicated to a suspended status. The claims payment cycle schedule can be found on the Alabama Medicaid website:
http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.2_Checkwrite_Schedules.aspx

7 INCLUDED ASC X12 IMPLEMENTATION GUIDES

005010X279A1 Health Care Eligibility Benefit Inquiry and Response (270/271)
005010X212 Health Care Claim Status Request and Response (276/277)
005010X217 Health Care Services for Review and Response (278)
005010X218 Payroll Deducted and Other Group Premium Payment (820)
005010X220A1 Benefit and Enrollment Maintenance (834)
005010X224A2 Health Care Claim - Dental (837 D)
005010X222A1 Health Care Claim - Professional (837 P)
005010X223A2 Health Care Claim - Institutional (837 I)

8 INSTRUCTION TABLES AND ADDITIONAL INFORMATION

8.1 005010X279A1 HEALTH CARE ELIGIBILITY BENEFIT INQUIRY AND RESPONSE (270/271)

This table contains one or more rows for each segment for which supplemental instruction is needed.

005010X279A1 ELIGIBILITY, COVERAGE OR BENEFIT INQUIRY (270)

Loop	Segment	Name	Codes	Comments
	BHT	Beginning of Hierarchical Transaction		
	BHT01	Hierarchical Structure Code	0022	'0022' – Information Source, Information Receiver, Subscriber, Dependent
	BHT02	Transaction Set Purpose Code	13	'13' – Request
2100B	NM1	Information Receiver Name		
	NM108	Identification Code Qualifier	XX	'XX' – Centers for Medicare and Medicaid Services National Provider Identifier
	NM109	Identification Code (Information Receiver Identification Number)		The National Provider ID must be submitted.
2100B	REF	Information Receiver Additional Identification		
	REF01	Reference Identification Qualifier	1D	When a provider's NPI is enrolled with more than one location, send the Medicaid Provider Number '1D' - Medicaid Provider Number.
	REF02	Reference Identification		Send the Medicaid Provider ID number. Alabama Medicaid Provider IDs may be six or nine characters in length. Send only the number of characters assigned by Alabama Medicaid (i.e. Do not add preceding or trailing zeros to a six-digit provider ID.)
2100B	N4	Information Receiver City, State, Zip Code		
	N403	Postal Code		For a provider with multiple locations submit the Zip + 4.
2100B	PRV	Information Receiver Provider Information		
	PRV02	Reference Identification Qualifier	PXC	For a provider with multiple locations, submit taxonomy information, 'PXC' - Health Care Provider Taxonomy Code
	PRV03	Reference Identification (Receiver Provider Taxonomy Code)		Provider's taxonomy code.
2100C	NM1	Subscriber Name		
	NM103	Subscriber Last Name		Alabama Medicaid will normalize the last

Loop	Segment	Name	Codes	Comments
				name, please see section 8.1.1.4 for details on this process.
	NM108	Identification Code Qualifier	MI	'MI' - Member Identification Number
	NM109	Identification Code (Subscriber Primary Identifier)		If used, the Medicaid Recipient ID should be entered into the Identification Code.
2100C	REF	Subscriber Additional Identification		
	REF01	Reference Identification Qualifier	SY	'SY' - Social Security Number (SSN)
	REF02	Reference Identification (Subscriber Supplemental Identifier)		If used, the Medicaid Recipient's SSN should be entered into the Reference Identification.
2100C	DMG	Subscriber Demographic Information		
	DMG01	Date Time Period Format Qualifier	D8	
	DMG02	Date Time Period	CCYYMMDD	Medicaid Recipient's Date of Birth
2110C	EQ	Subscriber Eligibility or Benefit Inquiry		When the subscriber is the patient whose eligibility is being requested, the EQ segment must be present.
	EQ01	Service Type Code		Alabama Medicaid will process Service Type Codes found on the Generic Code List or the Explicit Code List. See section 8.1.1.3 for a complete listing.
2110C	DTP	Subscriber Eligibility/Benefit Date		
	DTP01	Date/Time Qualifier	291	'291' - Plan
	DTP03	Subscriber Eligibility/Benefit Date	CCYYMMDD Or CCYYMMDD-CCYYMMDD	If the Date Time Period Format Qualifier (DTP02) is equal to 'D8', the Date Time Period (DTP03) must be in the format *CCYYMMDD*. If the Date Time Period Format Qualifier (DTP02) is equal to 'RD8', a date range in the format *CCYYMMDD-CCYYMMDD* must be input into the Date Time Period (DTP03). To receive current and previous year's data a user must enter request dates that occur in the current year and previous year to get both current and previous years data on a 271 response. Alabama Medicaid does not permit request for future eligibility. Examples: 270 Request dates: 01/01/2011 - 01/31/2011 - 271 response will only return the information for year 2011. 270 Request dates: 12/01/2010 - 12/27/2010 - 271 response will only return the

Loop	Segment	Name	Codes	Comments
				information for year 2010. 270 Request dates: 12/27/2010 - 01/01/2011 - 271 response will return both 2010 and 2011 benefit information.
2000D		Dependent Level		Dependent Level information will not be supported by Alabama Medicaid when processing Eligibility, Coverage or Benefit Inquiries.

005010X279A1 ELIGIBILITY, COVERAGE OR BENEFIT INFORMATION (271)

Loop	Segment	Name	Codes	Comments
	BHT	Beginning of Hierarchical Transaction		
	BHT01	Hierarchical Structure Code	0022	'0022' - Information Source, Information Receiver, Subscriber, Dependent
	BHT02	Transaction Set Purpose Code	11	'11' - Response
2100B	NM1	Information Receiver Name		
	NM108	Identification Code Qualifier		If a National Provider ID has been assigned, NM108 will equal 'XX'.
	NM109	Identification Code		NM109 will equal the Provider's National Provider ID.
2110C	EB	Subscriber Eligibility or Benefit Information		Alabama Mediciad will support the response to Generic and Explicit Service Type codes. Please see section 8.1.1.3 for examples of what to expect in the response for this segment.
2110C	MSG	Message Text		Alabama Medicaid will be returning additional message(s) when applicable and is based on the service type requested and the benefi plan the subscriber is actively enrolled with for the date of request. Please see section 8.1.1.5 for information on messages returned.
2000D		Dependent Level		Dependent Level information is not supported by Alabama Medicaid and will not be returned within an Eligibility, Coverage or Benefit Information transaction.

8.1.1 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

The information when applicable under this section is intended to help the trading partner understand the business context of the EDI transaction.

8.1.1.1 NATIONAL PROVIDER ID (NPI) VERIFICATION

Provider's should ensure the NPI submitted is valid based on the value issued by the National Plan & Provider Enumeration System (NPPES). All invalid NPI's submitted will fail a compliance check and will be returned as an error on the 999 transaction.

For more information please refere to the NPPES website:

https://nppes.cms.hhs.gov/NPPES/Welcome.do

8.1.1.2 MINIMUM REQUIREMENTS FOR ELIGIBILITY SEARCH

Providers will be required to submit a minimum amount of identification in order to verify eligibility on Recipients. The valid combinations are:

- Medicaid ID
- Name (Last Name, First Name, Middle Initial) and Date of Birth (DOB)
- SSN and DOB

Middle Initial may be entered, however Middle Initial is not required to verify eligibility and no searches will be performed based on the Middle Initial entered.

8.1.1.3 SERVICE TYPE CODE LIST

Service type code '30'submitted on the 270 eligibility request will be returned in the 271 eligibility response in addition to all of the other Generic Service Type codes. All other service type codes requested will be returned as requested in the 271 response.
Examples:

270 Request – Service Type Codes Requested	**271 Response – Service Type Codes Returned**
30	1, 30, 33, 35, 47, 48, 50, 86, 88, 98, AL, MH, UC
1	1
47, 48, 50	47, 48, 50
1, 12, 18	1, 12, 18

Generic Service Type Code table:

Generic Service Type Code	**Description**	**Generic Service Type Code**	**Description**
1	Medical Care	98	Professional (Physician) Visit -office
30	Health Benefit Plan Coverage	AL	Vision (Optometry)
33	Chiropractic	MH	Mental Health
35	Dental Care	UC	Urgent Care
47	Hospital		
48	Hospital - Inpatient		
50	Hospital - Outpatient		
86	Emergency Services		
88	Pharmacy		

Explicit Service Type Code table:

Explicit Service Type Code	Description	Explicit Service Type Code	Description
1	Medical Care	A0	Professional (Physician) Visit - Outpatient
2	Surgical	A3	Professional (Physician) Visit - Home
4	Diagnostic X-Ray	A6	Psychotherapy
5	Diagnostic Lab	A7	Psychiatric Inpatient
6	Radiation Therapy	A8	Psychiatric Outpatient
7	Anesthesia	AD	Occupational Therapy
8	Surgical Assistance	AE	Physical Medicine
12	Durable Medical Equipment Purchase	AF	Speech Therapy
13	Facility	AG	Skilled Nursing Care
18	Durable Medical Equipment Rental	AI	Substance Abuse
20	Second Surgical Opinion	AL	Vision (Optometry)
33	Chiropractic	BG	Cardiac Rehabilitation
35	Dental Care	BH	Pediatric
40	Oral Surgery	MH	Mental Health
42	Home Health Care	UC	Urgent Care
45	Hospice	80	Immunizations
47	Hospital	81	Routine Physical
48	Hospital - Inpatient	82	Family Planning
50	Hospital - Outpatient	86	Emergency Services
51	Hospital - Emergency Accident		
52	Hospital - Emergency Medical		
53	Hospital - Ambulatory Surgical		
62	MRI/CAT Scan		
65	Newborn Care		
68	Well Baby Care		
73	Diagnostic Medical		
76	Dialysis		
80	Immunizations		
81	Routine Physical		
82	Family Planning		
86	Emergency Services		
88	Pharmacy		
93	Podiatry		
98	Professional (Physician) Visit - Office		
99	Professional (Physician) Visit - Inpatient		

8.1.1.4 NAME NORMALIZATION

The following steps will be used to normalize the recipient last name:

1. Make all characters upper case
2. Remove ASC X12 special characters: ! ? & ‘ ( ) * + , - . / : ; ? =
3. Remove all the prefixes and suffixes when preceded by a comma, space or forward slash and followed by a space or the end of the data field: JR, SR, I, II, III, IV, V, RN, MD, MR, MS, DR, MRS, PHD, REV, ESQ

Name Normalization Examples:

Submitted Last Name	**Step 1: Convert to Upper Case**	**Step 2: Remove Prefix and Suffix Strings**	**Step 3: Remove ASC X12 Characters (Final Result)**
Doe	DOE	DOE	DOE
Johnson III	JOHNSON III	JOHNSON	JOHNSON
Wilson Jr.	WILSON JR.	WILSON JR.	WILSON JR
El Amin	EL AMIN	EL AMIN	ELAMIN
apl.de.ap	APL.DE.AP	APL.DE.AP	APLDEAP
N9ne	N9NE	N9NE	N9NE
von Trier, MD	VON TRIER, MD	VON TRIER,	VON TRIER
Mr. St. John	MR. ST. JOHN	MR. ST. JOHN	MR ST JOHN

8.1.1.5 MESSAGES

Additional messages may be returned depending on the benefit plan the recipient is currently enrolled with and for specific service types requested. The following is a list of messages that may be returned with the eligibility response.

Messages

Coverage is dependent on being allowed/covered by Medicare for service type(s):
Dental Screening data may be returned, if applicable, for service type(s):
EPSDT referral required and Hearing Screening data may be returned, if applicable for service type(s):
EPSDT referral required for service type(s):
Hearing Screening data may be returned, if applicable for service type(s):
Hearing Screening data may be returned, if applicable. Coverage is dependent on being allowed/covered by Medicare for service type(s):
Lockin data may be returned, if applicable, for service type(s):
LTC waiver data may be returned, if applicable, for service type(s):
Medical Screening data may be returned, if applicable, for service type(s):
Medical Screening data may be returned, if applicable. Coverage is dependent on being allowed/covered by Medicare for service type(s):

Only covered for family planning related services for service type(s):
Only covered for pregnancy and family planning related services for service type(s):
Service type code(s): not recognized by Alabama Medicaid
Vision Screening data may be returned, if applicable, for service type(s):

8.1.1.6 INTERACTIVE SUBMISSIONS

For interactive processing, submit one transaction at a time.

8.1.1.7 NUMBER OF REQUEST

Expected maximum allowed is 25 batches per day, of any size up to 999 requests.

8.2 005010X212 HEALTH CARE CLAIM STATUS REQUEST AND RESPONSE (276/277)

This table contains one or more rows for each segment for which supplemental instruction is needed.

005010X212 HEALTH CARE CLAIM STATUS REQUEST (276)

Loop	Segment	Name	Codes	Comments
BHT	BHT	Beginning of Hierarchical Transaction		Number assigned by the originator to identify the transaction within the originator's business application system.
	BHT01	Hierarchical Structure Code	0010	'0010' - Information Source, Information Receiver, Provider of Service, Subscriber, Dependent
	BHT02	Transaction Set Purpose Code	13	'13' – Request
	BHT03	Reference Identification		Number assigned by the originator to identify the transaction within the originator's business application system.
2100A	NM1	Payer Name		
	NM101	Entity Identifier Code	PR	'PR' - Payer
	NM102	Entity Type Qualifier	2	'2' – Non-Person Entity
2100C	NM1	Service Provider Name		
				Original Billing Provider of the claim for which a status is requested.
	NM108		XX	
	NM109			National Provider ID (NPI)
2000D	DMG	Subscriber Demographic Information		Required when the patient is the subscriber.
	DMG01	Date Time Period Format Qualifier	D8	
	DMG02	Date Time Period	CCYYMMDD	Alabama Medicaid Recipient Date of Birth
2100D	NM1	Subscriber Name		
	NM108	Identification Code Qualifier	MI	
	NM109	Identification Code (Subscriber Identifier)		The full 13 digit Alabama Medicaid Recipient ID
2200D	REF	Payer Claim Control Number		
	REF02	Reference Identification (Payer Claim Control Number)		If used, the Internal Control Number (ICN) will be populated in the Reference Identification.
2200D	AMT	Claim Submitted Charges		
	AMT01	Amount Qualifier Code	T3	
	AMT02	Total Claim Charge Amount		Submit the original billed amount
2200D	DTP	Claim Service Date		
	DTP03	Claim Service Period	CCYYMMDD Or CCYYMMDD-CCYYMMDD	Claim dates of service
2210D	SVC	Service Line Information		The 2210D loop should only be used for Pharmacy claims. Only one occurrence of the 2210D loop should be used.
	SVC01-1	Product/Service ID Qualifier	ND	For Pharmacy Claims, the Product/Service

Loop	Segment	Name	Codes	Comments
				ID Qualifier must be 'ND'.
	SVC01-2	Product/Service ID (Procedure Code)		For Pharmacy Claims, the Product/Service ID must be populated with the 11 digit NDC Number.
2000E		Dependent Level		Dependent Level information will not be supported by Alabama Medicaid when processing Health Care Claim Status Notification requests.

005010X212 HEALTH CARE CLAIM STATUS RESPONSE (277)

Loop	Segment	Name	Codes	Comments
2100C	NM1	Service Provider		
	NM108	Identification Code Qualifier	XX	
	NM109	Provider Identifier		The Billing Provider NPI will be returned
2200D	STC	Claim Level Status Information		
	STC02	Statue Information Effective Date	CCYYMMDD	The effective date of the status returned for the claim
	STC03	Total Claim Charge Amount		Original billed amount
	STC04	Claim Payment Amount		Claim payment amount
2200D	REF	Payer Claim Control Number		
	REF01	Reference Identification Qualifier	1K	
	REF02	Payer Claim Control Number		Internal Control Number (ICN)
2220D	STC	Service Line Status Information		
	STC02	Statue Information Effective Date	CCYYMMDD	The effective date of the status returned for the claim
2220D	DTP	Service Line Date		
	DTP01	Date/Time Qualifier	472	
	DTP02	Date Time Period Format Qualifier	RD8	
	DTP03	Service Line Date	CCYYMMDD-CCYYMMDD	
2000E		Dependent Level		Dependent Level information is not supported by Alabama Medicaid and will not be returned within a Health Care Claim Response transaction.

8.2.1 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

The information when applicable under this section is intended to help the trading partner understand the business context of the EDI transaction.

8.2.1.1 NATIONAL PROVIDER ID (NPI) VERIFICATION

Provider's should ensure the NPI submitted is valid based on the value issued by the National Plan & Provider Enumeration System (NPPES). All invalid NPI's submitted will fail a compliance check and will be returned as an error on the 999 transaction.

For more information please refere to the NPPES website:

https://nppes.cms.hhs.gov/NPPES/Welcome.do

8.2.1.2 MINIMUM DATA REQUIRED

Providers will be required to submit a minimum amount of information on the Health Care Claim Status Notification request.

The minimum data fields for a batch submission are:

- Medicaid ID (Recipient ID (RID)
- Claim Dates of Service
- Header Claim Submitted Charges

The minimum data fields for an interactive submission are:

- Medicaid ID (Recipient ID (RID)
- Claim Dates of Service
- Header Claim Submitted Charges
- Internal Control Number (ICN)

8.2.1.3 INTERACTIVE SUBMISSIONS

- For interactive processing, submit one transaction at a time.
- The Internal Control Number must be submitted on an interactive transaction to receive a response.
- Alabama Medicaid will only give status replies for claims that have been accepted in the claims system within the past 90 days or less.

8.2.1.4 NUMBER OF REQUEST

Expected maximum allowed is 25 batches per day, of any size up to 999 requests.

8.3 005010X217 HEALTH CARE SERVICES FOR REVIEW AND RESPONSE (278)

This table contains one or more rows for each segment for which supplemental instruction is needed.

005010X217 HEALTH CARE SERVICES REVIEW INFORMATION - REVIEW (278)

Loop	Segment	Name	Codes	Comments
	BHT	Beginning of Hierarchical Transaction		
	BHT02		13	'13' - Request
	BHT06	Transaction Type Code	RU	'RU' – Medical Services Reservation It is suggested to use RU when requesting Medical Services Reservation.
2010B	NM1	Requester Name		
	NM101	Entity Identifier Code	1P FA	'1P' – Provider 'FA' – Facility
	NM108	Identification Code Qualifier	XX	Use 'XX' - Centers for Medicare and Medicaid Services National Provider Identifier.
	NM109	Identification Code		The Provider's National Provider ID
2010B	N4	Requester City, State, Zip Code		
	N403	Postal Code		For a provider with multiple locations, submit the Zip + 4.
2010B	PER	Requester Contact Information		
	PER01	Contact Function Code	IC	'IC' – Information Contact
	PER02	Name (Requester Contact Name)		Used when the supplied name is different than the name supplied in the NM1 segment of this loop.
	PER03	Communication Number Qualifier		Used when PER02 is not valued to transmit a contact communication number. This field consists of one email address (UR), one phone number and one fax number in the other PER fields.
2010B	PRV	Requester Provider Information		
	PRV02	Reference Identification Qualifier	PXC	For a provider with multiple locations, submit taxonomy information. 'PXC' – Health Care Provider Taxonomy Code
	PRV03	Reference Identification (Provider Taxonomy Code)		Provider's taxonomy code
2010C	NM1	Subscriber Name		
	NM108	Identification Code Qualifier	MI	'MI' – Member Identification
	NM109	Identification Code (Subscriber Member Number)		Alabama Medicaid Recipient Identifier
2010C	REF	Subscriber Supplemental Information		
	REF01	Reference Identification Qualifier	EJ	'EJ' – Patient Account Number
	REF02	Reference Identification (Subscriber Supplemental Identifier)		Patient Account Number
2000D	HL	Dependent Level		

Loop	Segment	Name	Codes	Comments
				Dependent Level information will not be supported by Alabama Medicaid when processing Health Care Services Review transactions.
2000E	UM	Health Care Services Review Information (Patient Event Level)		
	UM01	Request Category Code	HS	'HS' – Health Care Services Review Alabama Medicaid expects 'HS' for all PA request types.
	UM02	Certification Type Code	I	'I' - Initial
2000E	DTP	Accident Date		If an accident is involved with this patient event, report the accident date.
2000E	DTP	Event Date		If UM01 = HS, use this field for service start and stop dates. Dates entered in this loop will be applied to all of the service lines if a 2000F DTP segment is not present.
	DTP01	Date/Qualifier Code	AAH	'AAH' - Event
	DTP02	Date Time Period Format Qualifier	D8 RD8	'D8' – CCYYMMDD 'RD8' – CCYYMMDD-CCYYMMDD
	DTP03	Proposed or Actual Event Date		If D8 is submitted then the date will be applied as both the start and stop date.
2000E	DTP	Admission Date		Per the X12 guide If UM01 = AR use Admit Date. Alabama Medicaid expects UM01 = HS and dates of service for the authorization request be submitted in the 2000E DTP event date segment.
2000E	HI	Patient Diagnosis (Health Care Information Codes)		Only one diagnosis code is retained for a PA. Send BK for transactions with ICD-9 diagnosis codes for service dates prior to the CMS ICD-10 Mandate date and ABK for transactions with ICD-10 diagnosis codes for service dates equal to or greater than the CMS ICD-10 Mandate date as the primary diagnosis qualifier. Only use one or the other not both.
				Although ICD-10 values may be submitted only ICD-9 values will be accepted until ICD10 CMS Mandate date is implemented.
2000E	CR6	Home Health Care Information		
	CR603	Date Time Period Format Qualifier	RD8	'RD8' – CCYYMMDD-CCYYMMDD
	CR604	Home Health Certification Period		Expected dates of certification for home health to be populated with the actual service dates carried in the 2000F DTP service date segment.
2000E	MSG	MSG Text		
				Required when needed to transmit a text message about the patient event.
2010EC		Patient Event Provider Name		Only one servicing provider is applicable per PA therefore the 1st occurrence of the 2010EC

Loop	Segment	Name	Codes	Comments
				loop will be applied to the PA. If 2010F is present, this information overrides the 2010EC submitted values and only the 1st occurrence of this loop will be applied to the PA. All subsequent occurrences of the 2010EC and 2010F loops will be ignored.
	NM108	Identification Code Qualifier	XX	'XX' - Centers for Medicare and Medicaid Services National Provider Identifier.
	NM109	Patient Event Provider Identifier		NPI
2010EA	REF	Patient Event Provider Supplemental Information		
	REF01	Reference Identification Qualifier	ZH	'ZH' – Carrier Assigned Reference Number
	REF02	Patient Event Provider Supplemental Identification		Alabama Medicaid ID to assist with identifying the specific service location.
	REF01	Reference Identification Qualifier	ZZ	'ZZ' – Mutually Defined
2000F	UM	Health Care Services Review Information		This information is expected to be sent at the 2000E Patient Event Level.
2010F		Service Provider Name		Only one servicing provider is applicable per PA therefore the 1st occurrence of the 2010EA loop will be applied to the PA. If 2010F is present, this information overrides the 2010EA submitted values and only the 1st occurrence of this loop will be applied to the PA. All subsequent occurrences of the 2010EA and 2010F loops will be ignored.

005010X217 HEALTH CARE SERVICES REVIEW INFORMATION - RESPONSE (278)

Loop	Segment	Name	Codes	Comments
	BHT	Beginning of Hierarchical Transaction		
	BHT02	Transaction Set Purpose Code	11	'11' - Response
2010B	NM1	Requester Name		
	NM108	Identification Code Qualifier	XX	'XX' - Centers for Medicare and Medicaid Services National Provider Identifier.
	NM109	Identification Code (Requester Identifier)		NPI
2000E	MSG	Message Text		
	MSG01			ACCEPTED - PENDING FURTHER REVIEW
2000D	HL	Dependent Level		Dependent Level information will not be supported by Alabama Medicaid when processing Health Care Services Review transactions.
2000F	HCR			

Loop	Segment	Name	Codes	Comments
	HCR01	Certification Action Code	A4	'A4' – Pended All accepted PA records will be initially assigned a Pending status
	HCR02	Review Identification Number		Alabama Medicaid assigned Prior Authorization Number.
	HCR03	Review Decision Reason Code	0V	Requires Medical Review

8.3.1 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

The information when applicable under this section is intended to help the trading partner understand the business context of the EDI transaction.

8.3.1.1 NATIONAL PROVIDER ID (NPI) VERIFICATION

Provider's should ensure the NPI submitted is valid based on the value issued by the National Plan & Provider Enumeration System (NPPES). All invalid NPI's submitted will fail a compliance check and will be returned as an error on the 999 transaction.

For more information please refere to the NPPES website:

https://nppes.cms.hhs.gov/NPPES/Welcome.do

8.3.1.2 PRIOR AUTHORIZATION SPECIFICATIONS

- Alabama Medicaid is expecting a single servicing provider per PA and would prefer that this be submitted in the 2010EA Loop.
- Alabama Medicaid is expecting a single diagnosis code per PA, so only HI01-2 is necessary.
- Alabama Medicaid is not expecting different service types to be combined on a single PA.
- Pharmacy Prior Authorizations are created outside of the 278 process and therefore a service type code of '88' is not expected and will be denied.
- Alabama Medicaid expects only a Procedure Code to be submitted within an SV1 segment and only a Revenue Code within an SV2 segment.
- When applicable the MSG segment will return specific descriptive error messages when a PA fails to process for any reason.

Expected submission examples:

2000E	Health Care Service Review Information
	HI01-2
2010EA	Service Provider
2000F	SV1
	SV1
	SV1

2000E	Health Care Service Review Information
	HI01-2
2010EA	Service Provider
2000F	SV3
	TOO
	SV3
	TOO
	TOO

Unexpected submission example:

2000E	Health Care Service Review Information

	HI01-2, HI02-2, HI03-2
2010EA	Service Provider A
2000F	SV1
2010F	Service Provider B
	SV2
2010F	Service Provider C
	SV3
2010F	Service Provider D

8.4 005010X218 PAYROLL DEDUCTED AND OTHER GROUP PREMIUM PAYMENT (820)

This table contains one or more rows for each segment for which supplemental instruction is needed.

005010X218 PAYROLL DEDUCTED AND OTHER GROUP PREMIUM PAYMENT (820)

Loop	Segment	Name	Codes	Comments
	BPR	Financial Information		
	BPR01	Transaction Handling Code	I	'I' – Remittance Information Only
	BRP03	Credit/Debit Flag	C	'C' - Credit
	BRP04	Payment Method Code	NON	'NON' – Non-Payment Data
	BRP10	Originating Company Identifier	752548221	'752548221' - Trading Partner ID for Alabama Trading Partner.
	TRN	Reassociation Trace Number		
	TRN01	Trace Type Code	3	'3' – Financial Reassociation Trace Number
	REF	Premium Receiver's Identification Key		
	REF01	Reference Identification Qualifier	14	'14' – Master Account Number
	REF02	Reference Identification		Value assigned as the master account number.
	DTM	Coverage Period		
	DTM01	Date Time Qualifier	582	'582' – Report Period
1000A	N1	Premium Receiver's Name		
	N103	Identification Code Qualifier	FI	'FI' – Federal Taxpayer's Identification Number
	N104	Identification Code		Alabama Medicaid Federal Taxpayer ID Number
1000B	N1	Premium Payer's Name		
	N101	Entity Identifier Code	PR	'PR' - Payer
	N102	Name		'ALABAMA MEDICAID'
	N103	Identification Code Qualifier	FI	'FI' – Federal Taxpayer's Identification Number
	N104	Identification Code		'752548221'
2000B	ENT	Individual Remittance		
	ENT01	Assigned Number		Unique value. Will start at "1' and increment by1 for each occurrence of the ENT within the ST/SE.
	ENT02	Entity ID Code	2J	'2J' – Individual
	ENT03	Identification Code Qualifier	EI	'EI' – Employee Identification Number
	ENT04	Identification Code		Employee Identification Number
2100B	NM1	Individual Name		
	NM101	Entity Identifier Code	IL	'IL' – Insured or Subscriber
	NM103	Name Last		Recipient Last Name
	NM104	Name First		Recipient First Name
	NM108	Identification Coe Qualifier	N	'N' – Insured's Unique Identification Number
	NM109	Identification Code		Recipient Identification Number
2300B	RMR	Individual Premium Remittance Detail		
	RMR01	Reference Identification Qualifier	AZ	'AZ' – Health Insurance Policy Number
	RMR02	Insurance Remittance		Unique ID that is related to the recipient's

Loop	Segment	Name	Codes	Comments
		Reference Number		history payment.
	RMR04	Detail Premium Payment Amount		Payment Amount for the recipient.
2300B	DTM	Individual Coverage Period		
	DMT01	Date Time Qualifier	582	'582' – Report Period
2320B	ADX	Individual Premium Adjustment for Current Payment		
	ADX01	Adjustment Amount		The amount of the adjustment.
	ADX02	Adjustment Reason Code	52 53	'52' – Credit for Previous Overpayment '53' – Remittance for Previous Underpayment

8.4.1 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

The information when applicable under this section is intended to help the trading partner understand the business context of the EDI transaction.

8.5 005010X220A1 BENEFIT AND ENROLLMENT MAINTENANCE (834)

This table contains one or more rows for each segment for which supplemental instruction is needed.

005010X220A1 BENEFIT AND ENROLLMENT MAINTENANCE (834)

Loop	Segment	Name	Codes	Comments
	BGN	Beginning Segment		
	BGN01	Transaction Set Purpose Coe	00	'00' - Original
	BGN05	Time Zone Code	CT	'CT' – Central Time
	BGN08	Action Code	2 4	'2' – Change (Daily update) '4' – Verify (Full file)
	REF	Reference Identification – Transaction Set Policy Number		
	REF01	Reference Identification Qualifier	38	'38' – Master Policy Number
	REF02	Reference Identification		Alabama Medicaid
1000A	N1	Sponsor Name		
	N101	Entity Identifier Cod	P5	'P5' – Plan Sponsor
	N102	Name		Alabama Medicaid
	N103	Identification Code Qualifier	FI	'FI' – Federal Taxpayer's Identification Number
	N104	Identification Code		752548221
1000B	N1	Premium Payer's Name		
	N101	Entity Identifier Code	IN	'IN' - Insurer
	N102	Name		Alabama Medicaid
	N103	Identification Code Qualifier	FI	'FI' – Federal Taxpayer's Identification Number
	N104	Identification Code		752548221
2000	INS	Member Level Detail		
	INS01	Yes/No Condition or Response Code (Subscriber Indicator)	Y	'Y' - Yes

Loop	Segment	Name	Codes	Comments
	INS02	Individual Relationship Code	18	'18' – Self
	INS03	Maintenance Type Code	001 030	'001' – Change (Daily update) '030' – Audit or Compare (Full audit)
	INS04	Maintenance Reason Code	AI XN	'AI' –No Reason Given 'XN' –Notification Only
	INS05	Benefit Status Code	A	'A' – Active
	INS06-1	Medicare Eligibility Reason Code	A B C	'A' – Medicare Part A 'B' – Medicare Part B 'C' – Medicare Part A and B
	INS08	Employment Status Code	AC	'AC' - Active
	INS11	Date Time Period Format Qualifier	D8	'D8' – Date expressed in format CCYYMMDD
2000	REF	Subscriber Identifier		
	REF01	Reference Identification Qualifier	0F	'0F' – Subscriber Number
	REF01	Reference Identification Qualifier	1L	'1L' – Group or Policy Number. The value for the corresponding REF02 will contain the same value as the Subscriber Number (REF01 = 0F).
	REF01	Reference Identification Qualifier	ZZ	'ZZ'– Mutually Defined Social Security Number of the Alabama recipient
2100A	NM1	Member Name		
	NM101	Entity Identifier Code	74 IL	'74' – Corrected Insured 'IL' – Insured or Subscriber
	NM102	Entity Type Qualifier	1	'1' – Person
	NM108	Identification Code Qualifier	34	'34' – Social Security Number
2100A	PER	Member Communications Numbers		
	PER01	Contact Function Code	IP	'IP' – Insured Party
	PER03	Communication Number	TE	'TE' – Telephone
2100A	DMG	Member Demographics		
	DMG01	Date Time Period Format Qualifier	D8	'D8' – Date expressed in formation CCYYMMDD
	DMG03	Gender Code	F M U	'F' – Female 'M' – Male 'U' - Unknown
2100A	ICM	Member Income		
	ICM01	Frequency Code	U	'U' – Unknown
2100B	NM1	Incorrect Member Name		
	NM103	Prior Incorrect Member Last Name		Corrected name will be sent on the Daily Report.
	NM104	Prior Incorrect Member First Name		Corrected name will be sent on the Daily Report.
	NM105	Prior Incorrect Member Middle Name		Corrected name will be sent on the Daily Report.
	NM108	Identification Code Qualifier	ZZ	'ZZ' – Mutually Defined Previous SSN for AL recipient.
2100G	NM1	Responsible Person		
	NM101	Entity Identifier Code	QD	'QD' – Responsible Party Loop may repeat more than once for Member's

Loop	Segment	Name	Codes	Comments
				Payee Information and Member's Sponsor Information.
2300	HD	Health Coverage		
	HD01	Maintenance Type Code	001 030	'001' – Change '030' – Audit or Compare For each Member, any eligibility in previous month and current month will be reported.
2310	PLA	Provider Change Reason		If the Provider effective date (PLA03) reported is end of month, this indicates the Provider assignment has ended effective as of this date and will be followed by the appropriate stop reason (PLA05). If the Provider effective date (PLA03) reported is start of month, this indicates the Provider assignment is effective beginning as of this date and will be followed by the appropriate start reason (PLA05).

8.5.1 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

The information when applicable under this section is intended to help the trading partner understand the business context of the EDI transaction.

Monthly Report

The monthly is sent initially for the first time and subsequently by request only after this.

All recipients who have had any eligibility since previous month will be reported.

For each recipient, any Managed Care PMP assignment for previous month, current month and any future assignments will be reported.

Daily Report

If a change has been made to a recipients information, the actual change is not reported, but reported will be all the current recipient data on file.

For each recipient, any Managed Care PMP assignment for previous month, current month and any future assignments will be reported.

8.6 005010X224A2 HEALTH CARE CLAIM - DENTAL (837 D)

This table contains one or more rows for each segment for which supplemental instruction is needed.

005010X224A2 HEALTH CARE CLAIM - DENTAL (837 D)

Loop	Segment	Name	Codes	Comments
1000A	PER	Submitter EDI Contact Information		The contact information in this segment identifies the person in the submitter organization who deals with data

Loop	Segment	Name	Codes	Comments
				transmission issues. If data transmission problems arise, this is the person to contact in the submitter organization.
	PER01	Contact Function Code	IC	'IC' – Information Contact
	PER02	Submitter Contact Name		
	PER03	Communication Number Qualifier	EM FX TE	'EM' – Electronic Mail 'FX' – Facsimile 'TE' - Telephone
	PER04	Communication Number		Email Address, Fax Number or Telephone Number (including the area code)
2000A	PRV	Billing Provider Specialty Information		
	PRV01	Provider Code	BI	'BI' - Billing
	PRV02	Reference Identification	PXC	'PXC' - Health Care Provider Taxonomy Code
	PRV03	Provider Taxonomy Code		When the rendering provider is the same as the billing provider, the billing provider's taxonomy code should be used.
2010AA	N3	Billing Provider Address		The Billing Provider Address must be a street address.
2010AA	N4	Billing Provider City, State, Zip Code		
	N403	Postal Code		When reporting the ZIP code for U.S. submit the Zip + 4.
2010BA	NM1	Subscriber Name		This is the identifier from the subscriber's identification card (ID card).
	NM101	Entity Identifier Code	IL	'IL' - Subscriber
	NM102	Entity Type Qualifier	1	'1' – Person Alabama Medicaid subscribers are individuals. '1' is the only expected value.
	NM108	Identification Code Qualifier	MI	Member Identification Number qualifier must be submitted.
	NM109	Subscriber Primary Identifier		Alabama Medicaid Recipient ID.
2010BA	REF	Subscriber Secondary Identification		
	REF01	Reference Identification Qualifier	SY	If used, the Reference Identification Qualifier will be equal to 'SY' Social Security Number.
	REF02	Subscriber Supplemental Identifier		If used, the SSN should be entered.
2010BB	REF	Billing Provider Secondary Identification		'1D' - Medicaid Provider Number is being replaced by 'G2' - Provider Commercial Number.
	REF01	Reference Identification Qualifier	G2	'G2' - Provider Commercial Number
	REF02	Billing Provider Secondary Identifier		Alabama Medicaid Provider ID.
2000C		Patient Hierarchical Level		Dependent Level information will not be supported by Alabama Medicaid when processing Dental Health Care Claims.
2300	DTP	Service Date		

Loop	Segment	Name	Codes	Comments
				Alabama Medicaid expects the service dates to be entered for each service line submitted in the 2400 Loop.
2300	DN1	Orthodontic Total Months of Treatment		Required when the claim contains services related to treatment for orthodontic purposes.
	DN101	Quantity		The estimated number of treatment months.
	DN102	Quantity		The number of treatment months remaining.
2300	DN2	Tooth Status		Required when the submitter is reporting a missing tooth or a tooth to be extracted in the future.
	DN201	Tooth Number		The Universal National Tooth Designation System must be used to identify tooth numbers for this element.
	DN202	Tooth Status Code	E M	'E' – To Be Extracted 'M' - Missing
	DN206	Code List Qualifier Code		Code Source 135: American Dental Association
2300	REF	Payer Claim Control Number (ICN/ DCN)		
	REF01	Reference Identification Qualifier	F8	'F8' - Original Reference Number
	REF02	Payer Claim Control Number		Use this segment if an adjustment needs to be made to a previously paid claim. This will equal the original Internal Control Number (ICN) that was assigned to the paid claim.
2310A	PRV	Referring Provider Specialty Information		
	PRV01	Provider Code	RF	'RF' - Referring
	PRV02	Reference Identification	PXC	'PXC' - Health Care Provider Taxonomy Code
	PRV03	Provider Taxonomy Code		If used, should equal the Referring Provider's taxonomy code.
2310A	REF	Referring Provider Secondary Identification		'1D' - Medicaid Provider Number is being replaced by 'G2' - Provider Commercial Number.
	REF01	Reference Identification Qualifier	G2	'G2' - Provider Commercial Number
	REF02	Referring Provider Secondary Identifier		Alabama Medicaid Provider ID.
2310B	PRV	Rendering Provider Specialty Information		
	PRV01	Provider Code	PE	'PE' - Performing
	PRV02	Reference Identification	PXC	'PXC' - Health Care Provider Taxonomy Code
	PRV03	Provider Taxonomy Code		If used, should equal the Rendering Provider's taxonomy code.
2310B	REF	Rendering Provider Secondary Identification		'1D' - Medicaid Provider Number is being replaced by 'G2' - Provider Commercial Number.
	REF01	Reference Identification Qualifier	G2	'G2' - Provider Commercial Number

Loop	Segment	Name	Codes	Comments
	REF02	Rendering Provider Secondary Identifier		Alabama Medicaid Provider ID.
2310C	N4	Service Facility Location City, State, Zip Code		
	N403	Postal Code		When reporting the ZIP code for U.S. submit the Zip + 4.
2320	SBR	Other Subscriber Information		
	SBR03	Reference Identification		Insured Group or Policy Number.
2330A	NM1	Other Subscriber Name		
	NM108	Identification Code Qualifier	MI	'MI' - Member Identification Number
	NM109	Identification Code		Other Insured Identifier; Policy Number for other insurance.
2330A	REF	Other Subscriber Secondary Identification		
	REF01	Reference Identification Qualifier	SY	'SY' - Social Security Number
	REF02	Other Subscriber Name		If the Other Subscriber SSN is known, it should be reported.
2330D	REF	Other Payer Rendering Provider Secondary Identification		'1D' - Medicaid Provider Number is being replaced by 'G2' - Provider Commercial Number.
	REF01	Reference Identification Qualifier	G2	'G2' - Provider Commercial Number
	REF02	Rendering Provider Secondary Identifier		Alabama Medicaid Provider ID.
2400	SV3	Dental Service		
	SV304	Oral Cavity Designation		Only one oral cavity designation code should be submitted per service line detail.
	SV306	Quantity		Use this segment to submit the number of units to be applied to the dental service. Expected values are 1 or greater.
2400	DTP	Date Service Date		
	DTP01	Date/Time Qualifier	472	'427' – Service
	DTP02	Date Time Period Format Qualifier	D8	
	DTP03	Date Time Period	CCYYMMDD	Service Date
2420A	REF	Rendering Provider Secondary Identification		'1D' - Medicaid Provider Number is being replaced by 'G2' - Provider Commercial Number.
	REF01	Reference Identification Qualifier	G2	'G2' - Provider Commercial Number
	REF02	Rendering Provider Secondary Identifier		Alabama Medicaid Provider ID
2420D	N4	Service Facility Location City, State, Zip Code		
	N403	Postal Code		When reporting the ZIP code for U.S. addresses submit the Zip + 4.

8.6.1 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

The information when applicable under this section is intended to help the trading partner understand the business context of the EDI transaction.

8.6.1.1 NATIONAL PROVIDER ID (NPI) VERIFICATION

Provider's should ensure the NPI submitted is valid based on the value issued by the National Plan & Provider Enumeration System (NPPES). All invalid NPI's submitted will fail a compliance check and will be returned as an error on the 999 transaction.

For more information please refere to the NPPES website:

https://nppes.cms.hhs.gov/NPPES/Welcome.do

8.7 005010X222A1 HEALTH CARE CLAIM – PROFESSIONAL (837 P)

This table contains one or more rows for each segment for which supplemental instruction is needed.

005010X222A1 HEALTH CARE CLAIM – PROFESSIONAL (837 P)

Loop	Segment	Name	Codes	Comments
1000A	PER	Submitter EDI Contact Information		The contact information in this segment identifies the person in the submitter organization who deals with data transmission issues. If data transmission problems arise, this is the person to contact in the submitter's organization.
	PER01	Contact Function Code	IC	'IC' – Information Contact
	PER02	Name		
	PER03	Communication Number Qualifier	EM FX TE	'EM' – Electronic Mail 'FX' – Facsimile 'TE' – Telephone
	PER04	Communication Number		Email Address, Fax Number or Telephone Number (including the area code)
2000A	PRV	Billing Provider Specialty Information		
	PRV01	Provider Code	BI	'BI' – Billing
	PRV02	Reference Identification	PXC	'PXC' – Health Care Provider Taxonomy Code
	PRV03	Provider Taxonomy Code		When the rendering provider is the same as the billing provider, the billing provider's taxonomy code should be used.
2010AA	N3	Billing Provider Address		The Billing Provider Address must be a street address.
2010AA	N4	Billing Provider City, State, Zip Code		
	N403	Postal Code		When reporting the ZIP code for U.S. addresses submit the Zip + 4.
2010BA	NM1	Subscriber Name		This is the identifier from the subscriber's identification card (ID card).
	NM101	Entity Identifier Code	IL	'IL' - Subscriber
	NM102	Entity Type Qualifier	1	'1' – Person Alabama Medicaid subscribers are individuals. '1' is the only acceptable value.
	NM108	Identification Code Qualifier	MI	'MI' - Member Identification Number

Loop	Segment	Name	Codes	Comments
	NM109	Subscriber Primary Identifier		Alabama Medicaid Recipient ID.
2010BA	REF	Subscriber Secondary Identification		
	REF01	Reference Identification Qualifier	SY	If used, the Reference Identification Qualifier will be equal to 'SY' Social Security Number.
	REF02	Subscriber Supplemental Identifier		If used, the SSN should be entered.
2010BB	REF	Billing Provider Secondary Identification		'1D' - Medicaid Provider Number is being replaced by 'G2' - Provider Commercial Number.
	REF01	Reference Identification Qualifier	G2	If used, should equal 'G2' Provider Commercial Number.
	REF02	Reference Identification		For crossover claims, REF02 will contain the Billing Provider's Medicare number. Otherwise, REF02 will contain the Billing Provider's Medicaid ID number.
2000C		Patient Hierarchical Level		Dependent Level information will not be supported by Alabama Medicaid when processing Professional Health Care Claims.
2300	REF	Service Authorization Exception Code		If used, choose the best value to indicate the type of Maternity Override or if the service was due to an emergency.
	REF01	Reference Identification Qualifier	4N	'4N' - Special Payment Reference Number
	REF02	Service Authorization Exception Code	3 5 6 7	Alabama Medicaid will use the codes as follows: '3' – Emergency Care '5' – Bypass Maternity Care Provider Contract Check '6' – Claim exempt from Maternity Care Program edits '7' – Force into Maternity Care Program
2300	REF	Payer Claim Control Number		Use this segment if an adjustment needs to be made to a previously paid claim.
	REF01	Reference Identification Qualifier	F8	'F8' - Original Reference Number
	REF02	Payer Claim Control Number		This will equal the original Internal Control Number (ICN) that was assigned to the paid claim.
2310A	REF	Referring Provider Secondary Identification		'1D' - Medicaid Provider Number is being replaced by 'G2' - Provider Commercial Number.
	REF01	Reference Identification Qualifier	G2	If used, should equal 'G2' Provider Commercial Number.
	REF02	Referring Provider Secondary Identifier		If used, should equal the Referring Provider's Medicaid ID.
2310B	PRV	Rendering Provider Specialty Information		Alabama Medicaid does use the provider's taxonomy code for adjudication.
	PRV02	Reference Identification Qualifier	PXC	'PXC' - Health Care Provider Taxonomy Code
	PRV03	Provider Taxonomy Code		When the rendering provider is different than the billing provider the rendering provider's taxonomy code should be used.
2310B	REF	Rendering Provider		'1D' - Medicaid Provider Number is being

Loop	Segment	Name	Codes	Comments
		Secondary Identification		replaced by 'G2' - Provider Commercial Number.
	REF01	Reference Identification Qualifier	G2	If used, should equal 'G2' Provider Commercial Number.
	REF02	Rendering Provider Secondary Identifier		If used, should equal the Rendering Provider's Medicaid ID.
2310C	NM1	Service Facility Location Name		To identify where the service was rendered.
	NM101	Service Facility Location	77	'77' - Service Location
	NM102	Entity Type Qualifier	2	'2' - Non-Person Entity
	NM103	Name Last or Organization Name		This should indicate the location name where the services were performed.
2310C	REF	Service Facility Location Secondary Identification		If NM109 within this loop is not submitted, REF01 should equal 'G2' and REF02 should equal the Service Facility Medicaid ID.
2310C	N4	Service Facility Location City, State, Zip Code		To identify where the service was rendered.
	N403	Postal Code		When reporting the ZIP code for U.S. addresses submit the Zip + 4.
2320	SBR	Other Subscriber Information		
	SBR03	Reference Identification		Group Number for other insurance.
2320	CAS	Claim Level Adjustments		
	CAS02 CAS05 CAS08 CAS11 CAS14 CAS17	Adjustment Reason Code		CODE SOURCE 139: Claim Adjustment Reason Code PR*1, Deductible PR*2, Co-Insurance PR*3, Co-payment PR*66, Blood Deductible PR*122, Psychiatric Reduction CO*B4, Late Filing
	CAS03 CAS06 CAS09 CAS12 CAS15 CAS18	Monetary Amount		Adjustment Amount
2320	AMT	Coordination of Benefits (COB) Payer Paid Amount		
	AMT01	Amount Qualifier Code	D	'D' – Payer Amount Paid
	AMT02	Payer Paid Amount		Other Payer Amount Paid (TPL)
2330A	NM1	Other Subscriber Name		
	NM108	Identification Code Qualifier	MI	'MI' – Member Identification Number
	NM109	Identification Code		Policy Number for other insurance.
2330A	REF	Other Subscriber Secondary Identification		
	REF01	Reference Identification Qualifier	SY	'SY' – Social Security Number
	REF02	Other Subscriber Name		If the Other Subscriber SSN is known, it should be reported.
	NM1	Other Payer Name		
	NM109	Other Payer Primary Identifier		When sending Line Adjudication Information for this payer, the identifier sent in SVD01 (Payer Identifier) of Loop ID-2430 (Line Adjudication Information) must match this

Loop	Segment	Name	Codes	Comments
				value.
2330B	DTP	Claim Check or Remittance Date		
	DTP01	Date/Time Qualifier	573	'573' – Other Payer Date Claim Paid
	DTP02	Date Time Period Format Qualifier	D8	Date Expressed in Format CCYYMMDD
	DTP03	Date Time Period		Adjudication or Payment Date
2400	SV1	Professional Service		
	SV101-1		HC	'HC' – Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes
	SV101-2	Procedure Code		The procedure code for this service line.
	SV102	Monetary Amount		Note: If the amount is for a Drug Unit Price (formerly entered in the 2410 CTP03 element), it now is submitted in this data element.
	SV111	Yes/No Condition or Response Code	Y	SV111 is early and periodic screen for diagnosis and treatment of children (EPSDT) involvement; a "Y" value indicates EPSDT involvement; an "N" value indicates no EPSDT involvement. Note: The code value '01' which was used for 4010 for EPSDT claims, has been eliminated from Segment CLM12 for 5010, and is now billed in the SV111.
2400	QTY	Ambulance Patient Count		The new quantity segment will not be used for Alabama claims processing.
2400	QTY	Obstetric Anesthesia Additional Units		The new quantity segment will not be used for Alabama claims processing.
2410	LIN	Drug Identification		
	LIN02	Drug Identification	N4	'N4' – National Drug Code in 5-4-2 Format
	LIN03	Product/Service ID		National Drug Code
2410	CTP	Drug Quantity		
	CTP04	Quantity		National Drug Unit Count
	CTP05-1	Unit or Basis for Measurement Code	F2 GR ME ML UN	'F2' - International Unit 'GR' – Gram 'ME' – Milligram 'ML' – Milliliter 'UN' – Unit
2410	REF	Prescription or Compound Drug Association Number		
	REF01	Prescription or Compound Drug Association Number	XZ	'XZ' – Pharmacy Prescription Number
2420A	REF	Rendering Provider Secondary Identification		'1D' – Medicaid Provider Number is being replaced by 'G2' – Provider Commercial Number.
	REF01	Reference Identification Qualifier	G2	If used, should equal 'G2' Provider Commercial Number.
	REF02	Rendering Provider Secondary Identifier		If used, should equal the Rendering Provider's Medicaid ID.
2420C	N4	Service Facility Location City, State, Zip Code		
	N403	Postal Code		When reporting the ZIP code for U.S. addresses submit the Zip + 4.

Loop	Segment	Name	Codes	Comments
2430	SVD	Line Adjudication Information		
	SVD01	Other Payer Primary Identifier		This number should match one occurrence of the 2330B-NM109 identifying Other Payer.
	SVD02	Service Line Paid Amount		Enter the Third Party Payment Amount (TPL) at the line item level only. This will also be used for crossover detail paid amount.
2430	CAS	Line Adjustment		
	CAS02 CAS05 CAS08 CAS11 CAS14 CAS17	Adjustment Reason Code		CODE SOURCE 139: Claim Adjustment Reason Code PR*1, Deductible PR*2, Co-Insurance PR*3, Co-payment PR*66, Blood Deductible PR*122, Psychiatric Reduction CO*B4, Late Filing
	CAS03 CAS06 CAS09 CAS12 CAS15 CAS18	Monetary Amount		Adjustment Amount

8.7.1 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

The information when applicable under this section is intended to help the trading partner understand the business context of the EDI transaction.

8.7.1.1 NATIONAL PROVIDER ID (NPI) VERIFICATION

Provider's should ensure the NPI submitted is valid based on the value issued by the National Plan & Provider Enumeration System (NPPES). All invalid NPI's submitted will fail a compliance check and will be returned as an error on the 999 transaction.

For more information please refere to the NPPES website:

https://nppes.cms.hhs.gov/NPPES/Welcome.do

8.7.1.2 MEDICARE ALLOWED AMOUNT

Alabama Medicaid will follow the calculations listed here to figure the Medicare Allowed Amount for crossover claims.

- Header

Medicare Paid Amount (2320, AMT) + Claim Level Adjustments (2320, CAS) = Medicare Allowed Amount

	Medicare Paid Amount 2320, AMT02
+	2320, Claim Level Adjustments Sum the following: PR*1, Deductible PR*2, Co-Insurance PR*3, Co-payment PR*66, Blood Deductible PR*122, Psychiatric Reduction CO*B4, Late Filing

=	Medicare Allowed Amount

- Detail

Medicare Paid Amount (2430, SVD) + Claim Level Adjustments (2430, CAS) = Medicare Allowed Amount

	Medicare Paid Amount 2430, SVD02
+	2430, Claim Level Adjustments Sum the following: PR*1, Deductible PR*2, Co-Insurance PR*3, Co-payment PR*66, Blood Deductible PR*122, Psychiatric Reduction CO*B4, Late Filing
=	Medicare Allowed Amount

8.8 005010X223A2 HEALTH CARE CLAIM – INSTITUTIONAL (837 I)

This table contains one or more rows for each segment for which supplemental instruction is needed.

005010X222A1 HEALTH CARE CLAIM – INSTITUTIONAL (837 I)

Loop	Segment	Name	Codes	Comments
1000A	PER	Submitter EDI Contact Information		The contact information in this segment identifies the person in the submitter organization who deals with data transmission issues. If data transmission problems arise, this is the person to contact in the submitter organization.
	PER01	Contact Function Code	IC	'IC' – Information Contact
	PER02	Name		
	PER03	Communication Number Qualifier	EM FX TE	'EM' – Electronic Mail 'FX' – Facsimile 'TE' – Telephone
	PER04	Communication Number		Email Address, Fax Number or Telephone Number (including the area code)
2000A	PRV	Billing Provider Specialty Information		
	PRV01	Provider Code	BI	'BI' – Billing
	PRV02	Reference Identification	PXC	'PXC' – Health Care Provider Taxonomy Code
	PRV03	Provider Taxonomy Code		When the rendering provider is the same as the billing provider, the billing provider's taxonomy code should be used.
2010AA	N3	Billing Provider Address		The Billing Provider Address must be a street address.
2010AA	N4	Billing Provider City, State, Zip Code		
	N403	Postal Code		When reporting the ZIP code for U.S. addresses submit the Zip + 4.
2010BA	NM1	Subscriber Name		This is the identifier from the subscriber's identification card (ID card).
	NM101	Entity Identifier Code	IL	'IL' – Subscriber
	NM102	Entity Type Qualifier	1	'1' – Person Alabama Medicaid subscribers are individuals 1 is the only acceptable value.
	NM108	Identification Code Qualifier	MI	'MI' – Member Identification Number
	NM109	Subscriber Primary Identifier		Alabama Medicaid Recipient ID.
2010BB	REF	Billing Provider Secondary Identification		'1D' – Medicaid Provider Number is being replaced by 'G2' – Provider Commercial Number.
	REF01	Reference Identification Qualifier	G2	If used, should equal 'G2' Commercial Provider Number.
	REF02	Reference Identification		For crossover claims, REF02 will contain the Billing Provider's Medicare number. Otherwise, REF02 will contain the Billing Provider's Medicaid ID number.
2000C		Patient Hierarchical Level		Dependent Level information will not be supported by Alabama Medicaid when processing Institutional Health Care Claims.
2300	CL1	Institutional Claim Code		

Loop	Segment	Name	Codes	Comments
	CL103	Patient Status Code		Must submit the Patient Status Code when submitting an inpatient claims/encounters transaction. (Reference code source: 239).
2300	REF	Service Authorization Exception Code		To indicate an emergency related claim.
	REF01	Reference Identification Qualifier	4N	Special Payment Reference Number
	REF02	Service Authorization Exception Code	3	'3' – Emergency Care
2300	REF	Payer Claim Control Number (ICN/ DCN)		Use this segment if an adjustment needs to be made to a previously paid claim.
	REF01	Reference Identification Qualifier	F8	Original Reference Number
	REF02	Payer Claim Control Number		This will equal the original Internal Control Number (ICN) that was assigned to the paid claim.
2300	HI	Principal Diagnosis		Although ICD10 values will be accepted in all diagnosis and ICD procedure code fields, only ICD9 values will be paid until ICD10 is implemented.
2300	HI	Admitting Diagnosis		Note: Admitting Diagnosis codes can only be billed on inpatient claims. Although ICD10 values will be accepted in all diagnosis and ICD procedure code fields, only ICD9 values will be paid until ICD10 is implemented.
2300	HI	Patient Reason for Visit		Note: Patient Reason for Visit codes can only be billed on outpatient claims. Although ICD10 values will be accepted in all diagnosis and ICD procedure code fields, only ICD9 values will be paid until ICD10 is implemented.
2300	HI	External Cause of Injury		Although ICD10 values will be accepted in all diagnosis and ICD procedure code fields, only ICD9 values will be paid until ICD10 is implemented.
2300	HI	Other Diagnosis Information		Although ICD10 values will be accepted in all diagnosis and ICD procedure code fields, only ICD9 values will be paid until ICD10 is implemented.
2300	HI	Principal Procedure Information		Although ICD10 values will be accepted in all diagnosis and ICD procedure code fields, only ICD9 values will be paid until ICD10 is implemented.
2300	HI	Other Procedure Information		Although ICD10 values will be accepted in all diagnosis and ICD procedure code fields, only

Loop	Segment	Name	Codes	Comments
				ICD9 values will be paid until ICD10 is implemented.
2300	HI	Condition Information		A new CRC EPSDT Referral segment has been added for 5010. Providers should continue to bill the EPSDT indicator in the HI Value Information segment, Value Code element of A1 or X3.
2310A	NM1	Attending Provider Name		The Attending Provider information must be populated on each institutional claim.
	NM108	Identification Code Qualifier	XX	'XX' – Centers for Medicare and Medicaid Services National Provider Identifier
	NM109	Attending Provider Primary Identifier		NPI
2310A	PRV	Attending Provider Specialty Information		
	PRV01	Provider Code	AT	'AT' – Attending
	PRV02	Reference Identification	PXC	'PXC' – Health Care Provider Taxonomy Code
	PRV03	Provider Taxonomy Code		The Attending Providers taxonomy code should be used.
2310A	REF	Attending Provider Secondary Identification		
	REF01	Reference Identification Qualifier	0B	'0B' – State License Number
	REF02	Attending Provider Secondary Identifier		Alabama License Number
2310B	NM1	Operating Physician Name		
	NM108	Identification Code Qualifier	XX	'XX' – Centers for Medicare and Medicaid Services National Provider Identifier
	NM109	Operating Provider Primary Identifier		NPI
2310B	REF	Operating Physician Secondary Identification		
	REF01	Reference Identification Qualifier	0B	'0B' – State License Number
	REF02	Operating Physician Secondary Identifier		Alabama License Number
2310E	NM1	Service Facility Location Name		
	NM101	Entity Identifier Code	77	'77' – Service Location
	NM102	Entity Type Qualifier	2	'2' – Non-person Entity
	NM103	Laboratory or Facility Name		The location where the services were performed.
2310E	N3	Service Facility Location Address		
	N301	Address Information		The address where the services were performed.
2310E	N4	Service Facility Location City, State, Zip Code		The City, State and Zip Code where the services were performed.
	N403	Postal Code		When reporting the ZIP code for U.S. addresses submit the Zip + 4.
2310F	NM1	Referring Provider Name		
	NM108	Identification Code Qualifier	XX	If a Referring Provider needs to be populated on the claim, then this loop is populated with the

Loop	Segment	Name	Codes	Comments
				appropriate Referring Provider information. 'XX" – Centers for Medicare and Medicaid Services National Provider Identifier.
	NM109	Attending Provider Primary Identifier		NPI
2320	SBR	Other Subscriber Information		
	SBR03	Reference Identification		Group Number for other insurance.
2320	CAS	Case Level Adjustments		
	CAS02 CAS05 CAS08 CAS11 CAS14 CAS17	Adjustment Reason Code		CODE SOURCE 139: Claim Adjustment Reason Code PR*1, Deductible PR*2, Co-Insurance PR*3, Co-payment PR*66, Blood Deductible PR*122, Psychiatric Reduction CO*B4, Late Filing
	CAS03 CAS06 CAS09 CAS12 CAS15 CAS18	Adjustment Amount		
2320	AMT	Coordination of Benefits (COB) Payer Paid Amount		
	AMT01	Amount Qualifier Code	D	'D' – Payer Amount Paid
	AMT02	Payer Paid Amount		Other Payer Amount Paid (TPL)
2320	AMT	Remaining Patient Liability		
	AMT01	Amount Qualifier Code	EAF	'EAF' – Amount Owed
	AMT02	Remaining Patient Liability Amount		Other Payer Amount Paid (TPL)
2330A	NM1	Other Subscriber Name		
	NM108	Identification Code Qualifier	MI	'MI' – Member Identification Number
	NM109	Identification Code		Policy Number for other insurance.
2330A	REF	Other Subscriber Secondary Identification		
	REF01	Reference Identification Qualifier	SY	'SY' – Social Security Number
	REF02	Other Subscriber Name		If the Other Subscriber SSN is known, it should be reported.
2400	SV2	Institutional Service Line		
				Acceptable values for the units of service field are whole numbers that are greater than zero.
2410	LIN	Drug Identification		
	LIN02	Drug Identification	N4	'N4' – National Drug Code
	LIN03	Product/Service ID		National Drug Code in 5-4-2 format
2410	CTP	Drug Quantity		
	CTP04	Quantity		National Drug Unit Count
	CTP05-1	Unit or Basis for Measurement Code	F2 GR ME ML UN	F2 International Unit GR Gram ME Milligram ML Milliliter UN Unit
2410	REF	Prescription or Compound Drug Association Number		

Loop	Segment	Name	Codes	Comments
	REF	Prescription or Compound Drug Association Number	XZ	Pharmacy Prescription Number
2430	SVD	Line Adjudication Information		
	SVD01	Other Payer Primary Identifier		This number should match one occurrence of the 2330B-NM109 identifying Other Payer.
	SVD02	Service Line Paid Amount		Enter the Third Party Payment Amount (TPL) at the line item level only. This will also be used for crossover detail paid amount.
2430	CAS	Line Adjustment		
	CAS02 CAS05 CAS08 CAS11 CAS14 CAS17	Adjustment Reason Code		CODE SOURCE 139: Claim Adjustment Reason Code PR*1, Deductible PR*2, Co-Insurance PR*3, Co-payment PR*66, Blood Deductible PR*122, Psychiatric Reduction CO*B4, Late Filing
	CAS03 CAS06 CAS09 CAS12 CAS15 CAS18	Adjustment Amount		

8.8.1 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

The information when applicable under this section is intended to help the trading partner understand the business context of the EDI transaction.

8.8.1.1 NATIONAL PROVIDER ID (NPI) VERIFICATION

Provider's should ensure the NPI submitted is valid based on the value issued by the National Plan & Provider Enumeration System (NPPES). All invalid NPI's submitted will fail a compliance check and will be returned as an error on the 999 transaction.

For more information please refere to the NPPES website:

https://nppes.cms.hhs.gov/NPPES/Welcome.do

8.8.1.2 MEDICARE ALLOWED AMOUNT

Alabama Medicaid will follow the calculations listed here to figure the Medicare Allowed Amount for crossover claims.

- Inpatient

Medicare Paid Amount (2320, AMT) + Claim Level Adjustments (2320, CAS) = Medicare Allowed Amount

	Medicare Paid Amount 2320, AMT02
+	2320, Claim Level Adjustments Sum the following: PR*1, Deductible PR*2, Co-Insurance

	PR*3, Co-payment PR*66, Blood Deductible PR*122, Psychiatric Reduction CO*B4, Late Filing
=	Medicare Allowed Amount

- Outpatient

Medicare Paid Amount (2430, SVD) + Claim Level Adjustments (2430, CAS) = Medicare Allowed Amount

	Medicare Paid Amount 2430, SVD02
+	2430, Claim Level Adjustments Sum the following: PR*1, Deductible PR*2, Co-Insurance PR*3, Co-payment PR*66, Blood Deductible PR*122, Psychiatric Reduction CO*B4, Late Filing
=	Medicare Allowed Amount

8.9 005010X221A1 HEALTH CARE CLAIM PAYMENT/ADVICE (835)

This table contains one or more rows for each segment for which supplemental instruction is needed.

005010X221A1 HEALTH CARE CLAIM PAYMENT/ADVICE (835)

Loop	Segment	Name	Codes	Comments
	ISA	Interchange Control Header		
	ISA05	Interchange ID Qualifier	ZZ	'ZZ' will be sent.
	ISA06	Interchange Sender ID		'752548221' will be sent.
	ISA07	Interchange ID Qualifier	ZZ	'ZZ' will be sent as the Interchange ID Qualifier (ISA07), which is associated with the Interchange Receiver ID
	ISA08	Interchange Receiver ID		The Trading Partner ID assigned by Alabama Medicaid followed by the appropriate number of spaces to meet the minimum/maximum data element requirement of 15 bytes will be populated in the Interchange Receiver ID.
	ISA11	Repetition Separator		^
	GS	Functional Group Header		
	GS02	Application Sender's Code		'752548221' will be sent.
	GS03	Application Receiver's Code		The Provider's Submitter ID assigned by Alabama Medicaid will be sent.
	GS08	Version / Release / Industry Identifier Code	005010X221A1	
	BPR	Financial Information		
	BPR01	Transaction Handling Code	I	'I' will be sent as the Transaction Handling Code (BPR01).
	BPR03	Credit/Debit Flag Code	C	'C' will be sent as the Credit/Debit Flag Code (BPR03).

Loop	Segment	Name	Codes	Comments
	BPR04	Payment Method Code		Either 'ACH', 'CHK', or 'NON' will be sent as the Payment Method Code (BPR04).
	BPR05	Payment Format Code		If the Payment Method Code is 'ACH' (BPR04), then the Payment Format Code will be 'CCP' (BPR05), for all other codes this data element will not be used.
	BPR06	(DFI) ID Number Qualifier		If the Payment Method Code is 'ACH' (BPR04), then the Depository Financial Institution (DFI) Identification Number Qualifier will be '01' (BPR06), for 'CHK' and 'NON' this data element will not be used.
	BPR12	(DFI) ID Number Qualifier	01	If the Payment Method Code is 'ACH' (BPR04), then the Depository Financial Institution (DFI) Identification Number Qualifier will be '01' (BPR12), for 'CHK' and 'NON' this data element will not be used.
	BPR16	Date	CCYYMMDD	The Date (BPR16) will be the check write date.
	REF	Receiver Identification		
	REF02	Reference Identification (Receiver Identification)		Provider NPI.
	DTM	Production Date		
	DTM02	Date	CCYYMMDD	Financial check write date
1000A	N1	Payer Identification		
	N102	Name (Payer Name)		Alabama
	N104	Identification Code (Payer Identifier)		12233
1000B	N1	Payee Identification		
	N102	Name (Payee Name)		The Provider's Name will be sent.
	N103	Identification Code Qualifier	XX	Use 'XX' – Centers for Medicare and Medicaid Services National Provider Identifier.
	N104	Identification Code (Payee Identification Code)		The National Provider Identification will be returned.
1000B	REF	Payee Additional Identification		
	REF01	Reference Identification Qualifier	PQ	'PQ' – Payee Identification
	REF02	Additional Payee Identifier		
2100	CLP	Claim Payment Information		
	CLP02	Claim Status Code		Either '1', '2', '3', '4', or '22' will be sent. Previously in 4010 a '4' would be returned for denied claims, but for 5010 this will only be returned if subscriber is not found.
	CLP06	Claim Filling Indicator Code	MC	'MC' – Medicaid
	CLP08	Facility Code Value		The bill type submitted in CLM05-1 on the 837 claim will be returned in CLP08.

Loop	Segment	Name	Codes	Comments
2100	NM1	Patient Name		
	NM108	Identification Code Qualifier	MR	'MR' – Medicaid Recipient Identification Number
	NM109	Patient Identifier		Alabama Medicaid Recipient ID.
2100	REF	Other Claim Related Identification		
	REF01	Reference Identification Qualifier	EA SY F8	If submitted on the 837 health care claim the following will be returned: 'EA' – Medical Record Identification Number 'SY' – Social Security Number For Adjustment or Voided claims 'F8' followed by the original ICN will be sent with the adjustment record. 'F8' – Original Reference Number
	REF02	Other Claim Related Identification		Only 12 digits of the Medical Record Number will be returned on the 835.
2100	DTM	Statement From or To Date		
	DTM01	Date/Time Qualifier	232 233	'232' – Claim Statement Period Start '233' – Claim Statement Period End
2110	SVC	Service Payment Information		
	SVC01-1	Product/Service ID Qualifier	AD HC N4 NU	'AD' – American Dental Association Codes 'HC'- Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes 'N4' – National Drug Code in 5-4-2 Format 'NU' – National Uniform Billing Committee (NUBC) UB04 Codes
2110	REF	Rendering Provider Information		
	REF01	Reference Identification Qualifier	HPI	'HPI' – Centers for Medicare and Medicaid Services National Provider Identifier
	REF02	Rendering Provider Identifier		NPI
2110	LQ	Health Care Remark Codes		
	LQ01	Code List Qualifier Code	HE	'HE' – Claim Payment Remark Codes
2110	PLB	Provider Adjustment		
	PLB03-1	Adjustment Reason Code	LS FB	'LS' – Lump Sum 'FB' – Forwarding Balance

8.9.1 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

The information when applicable under this section is intended to help the trading partner understand the business context of the EDI transaction.

9 ADDITIONAL INFORMATION

It is assumed that the trading partner has purchased and is familiar with the HIPAA Implementation Guides. These may be purchased through Washington Publishing Company.

http://www.wpc-edi.com/

10 APPENDICES

10.1 Change Summary

This section details the changes between this version and the previous versions.

DATE	DOCUMENT VERSION	AUTHOR	Section/Page	DESCRIPTION OF CHANGE
07/19/2011	0.1	Sarah Viswambaran		Creation of Initial Document.
08/16/2011	0.2	Sarah Viswambaran	Added sections 2.4 and 3.4. Updated sections 6, 8.1.1.3, 8.2.1.3, 8.5.1.	Revised to respond to Agency comments from walkthrough held on 07/29/2011.
08/23/2011	1.0	Sarah Viswambaran		Agency approved
10/31/2011	1.1	Sarah Viswambaran	Updated Section 8.7 Updated Section 8.3	8.7: Added in a comment for REF Service Facility Secondary Identification. 8.3: Updated Loop 2010EA to 2010EC.
11/01/2011	1.2	Sarah Viswambaran	Updated Section 8.3.1	Added the following information: Pharmacy Prior Authorizations are created outside of the 278 process and therefore a service type code of '88' is not expected and will be denied. Alabama Medicaid expects only a Procedure Code to be submitted within an SV1 segment and only a Revenue Code within an SV2 segment.
11/03/2011	1.2	Sarah Viswambaran	Updated Sections 8.6, 8.7, 8.8	Added N3 information for the Billing Provider that only a street address can be submitted in loop 2010AA.
05/30/2012	1.3	Sarah Viswambaran	Added Sections 8.1.1.1, 8.2.1.1, 8.3.1.1, 8.6.1.1, 8.7.1.1, 8.8.1.1	Added National Provider ID (NPI) verification information and website for National Plan & Provider Enrollment (NPPES).
02/27/2013	1.4	Sarah Viswambaran	Updated Section 8.8	Added the Operating Provider NPI information as both NPI and License are required.
10/16/2013	1.5	Sarah Viswambaran	Updated Page 1Title Page Updated Page 3 Preface Updated Section 8.1 Added Sections 8.1.1.3, 8.1.1.4, 8.1.1.5 Added Section 9	Changes made to accommodate CORE requirements. http://caqh.org/benefits.php Section 8.1 added additional information to both the 270 and 271 tables. Section 8.1.1.3 added new section concerning the use of Service Type Codes. Section 8.1.1.4 added new section concerning the

				process of last name normalization. Section 8.1.1.5 added new additional messages potentially returned on the 271 response. Section 9 added new section for Additional Information.
11/04/2013	1.5.1	Sarah Viswambaran	Updated Section 8.3	Section 8.3 added additional information concerning submitting ICD version qualifiers for 2000E-HI-Patient Diagnosis (Health Care Information Codes).